Piercing Consent & Release

Parlor Beauty & Wellness Collective | 6100 E Central Ave, Suite 215, Wichita, KS 67208 | (316) 201-6255

Consent for piercing services. Piercings are performed with single-use sterile needles and implant-grade jewelry. Placement, jewelry, and healing time are reviewed before the piercing is done.

What to Know

- ☐ Expect tenderness, swelling, redness, and light bleeding at first; healing takes weeks to months depending on placement.
- ☐ Infection is possible if aftercare is not followed; keep the piercing clean and hands off.
- ☐ Migration, rejection, keloids, or raised scarring can occur, more often with a personal or family history.
- ☐ Metal sensitivity (especially nickel) can cause a reaction; tell us about any known sensitivity.
- ☐ Jewelry removed during healing can close the piercing within hours.

I Confirm That

- ☐ I have disclosed conditions that affect healing, including diabetes, immune conditions, blood thinners or clotting disorders, and any history of keloids.
- ☐ I am not under the influence of alcohol or drugs.
- ☐ I will follow the written aftercare instructions and keep the initial jewelry in for the full healing time.
- ☐ I will contact Parlor or a physician at the first signs of infection.

GUESTS UNDER 18: a parent or legal guardian must give written consent below and be present during the piercing. We check and record government-issued ID for the guardian and ID or a birth certificate for the minor. No exceptions.

For your safety, tell us about all medications and supplements (including aspirin, ibuprofen, fish oil, antibiotics, and retinoids), skin conditions, allergies, recent or planned sun or tanning-bed exposure, self-tanner use, pregnancy or nursing, and recent cosmetic procedures. Undisclosed conditions and medications are the most common cause of poor outcomes.

Results vary with skin type, age, hormones, health, home care, and consistency with the treatment plan. Honest work is promised; specific outcomes are not guaranteed.

I have read this form, had the chance to ask questions, and I answered the health questions truthfully. I understand the information above and consent to the service described.

Guest name (print)	Date of birth
Guest signature	Date
Parent / legal guardian name (print)	Relationship
Parent / guardian signature	Date
Practitioner	Date